



APPLICATION FOR EMPLOYMENT

It is our policy to provide equal opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, physical or mental handicap, the presence of a non job-related medical condition or handicap, marital or veteran status or arrest record.

This application will be kept on file for one year.

Name _____ Date _____
last first initial

Address _____
street city state zip

Telephone Number (_____) _____ Email _____

Are you eligible to work in the United States? Yes No SSN _____

How did you learn of this opening? _____

Have you worked here before? Yes No

Are there any hours, shifts or days you cannot or will not work? _____

Shift preferred _____ Part-time Full-time

Are you willing to work overtime as required? Yes No

Have you ever been **convicted** of a felony? Yes No

If yes, describe conditions:

(An affirmative answer will **not** automatically disqualify you from being considered as a candidate for employment.)

EDUCATION	Name and Location of School	Major	Diploma/Degree
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High School _____

College/University _____

College/University _____

Other Training/Education _____

Positions applied for: 1. _____ 2. _____

Wage or salary desired \$ _____ When can you start? _____

WORK EXPERIENCE: Starting with present or most recent, list employer, including military, self-employment, summer, part-time or volunteer work. Attach an additional sheet if necessary.

Referring to resume is not sufficient.

Name of Employer		Address		City	State	Phone #
Start Date	Date Left	Starting Pay	Ending Pay	Reason for Leaving		
Job Title	Supervisor		Department		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Job Duties						

Name of Employer		Address		City	State	Phone #
Start Date	Date Left	Starting Pay	Ending Pay	Reason for Leaving		
Job Title	Supervisor		Department		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Job Duties						

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Name of Employer		Address		City	State	Phone #
Start Date	Date Left	Starting Pay	Ending Pay	Reason for Leaving		
Job Title	Supervisor		Department		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Job Duties						

APPLICANT'S CERTIFICATION AND AGREEMENT

I authorize the employers, supervisors and references listed above to give First Tech Credit Union representatives any and all information regarding my previous employment, and any pertinent information they may have regarding me. Additionally, I authorize First Tech Credit Union to obtain credit, bondability, and other reports to determine employment eligibility.

I certify that the facts set forth in this Application for Employment and accompanying resume, if any, are true and complete to the best of my knowledge. I understand that false statements or significant omissions on this application or inability to be bonded shall be considered sufficient cause for disqualification or dismissal. The Credit Union is hereby authorized to make any investigation of my prior education and work history.

First Tech Credit Union is an At-Will Employer. I understand that my employment with First Tech Credit Union is not for a specified term, and that my employment and/or compensation may be terminated at any time by either myself or the Credit Union with or without cause and with or without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

Signature _____ Date _____



Consumer Report Disclosure and Authorization Employment for Job Applicants

Fair Credit Reporting Act

DISCLOSURE

To assist us in making quality employment related decisions, First Tech Credit Union may obtain and use consumer reports and make other appropriate inquiries in connection with your employment application. If you are employed by the Credit Union, the Credit Union may obtain and use consumer reports from time to time and make whatever inquiries are considered to be appropriate, to evaluate you for promotion, reassignment, or retention as an employee.

AUTHORIZATION

By signing below I acknowledge receipt of a copy of the above disclosure and authorize First Tech Credit Union to obtain and use consumer reports and to make other inquiries as described in the disclosure.

Applicant's Name

Applicant's Signature

Date



Applicant Tracking Form

This organization is an Equal Opportunity Employer. The information on this form is needed to comply with requirements for companies who are federal contractors and subcontractors. Although providing this information is voluntary, your cooperation is appreciated.

FIRST TECH CREDIT UNION

Applicant Register Form

Today's Date: _____ Job Title Applied For: _____

Name: _____

Affirmative Action Information

Gender

Male Female

Race or Ethnic Identification

White Black Native American Asian Hispanic Other

For Credit Union Use Only:

Job Group: _____